#### **CORPORATE PARENTING BOARD – 24 MAY 2010**

Title of paper:	Health Indicators - Performance	
Director(s)/	Satinder Gautam	Wards affected:
Corporate Director(s):	Director of Safeguarding	All
Contact Officer(s) and	Helen Blackman	
contact details:	Head of Service – Denewood Centre, Bilborough, Nottingham	
	Dr Emma Philmore (CIA Doctors Children in Care) <a href="mailto:emma.fillmore@nhs.net">emma.fillmore@nhs.net</a>	
Other officers who have provided input:	Tajinder Madahar- Team Manager and Health performance led Cathy Sheehan- designated Nurse- Looked After Children Elise Darragh- Intelligence Manager - Targeted and Specialist Services	
Relevant Council Plan Strategic Priority:		
World Class Nottingham		
Work in Nottingham		
Safer Nottingham		
Neighbourhood Nottingham		
Family Nottingham		
Healthy Nottingham		
Serving Nottingham Better		
Summary of issues (including banefits to customers/service users):		

#### Summary of issues (including benefits to customers/service users):

Provisional 2009-10 data suggests performance in most of the health measures is above average across the City.

The team of Medical Advisers, Designated Doctor and Nurse, Senior Adoption Nurse and Senior Nurse Specialists serves the Looked After children of Nottingham City and County. They have seen 980 children in the past year completing statutory health assessments and reports for medical, legal and educational purposes, achieving 85% health assessments completed within target times for fostered children and 100% health assessments completed in target times for children in the adoption system

All Nottingham City adoption and fostering panels have a medical adviser to provide medical assessments and advice in respect of children, prospective adopters and foster carers and to give expert medical advice to panel.

The children in care health team provide an outreach service to residential homes, foster homes, adoptive homes and fostering support services.

An Information Sharing Service is provided by the medical advisers for all prospective adopters, providing a valuable opportunity to share the comprehensive and complex health history and needs of children placed for adoption.

#### Recommendation:

It is recommended that the Corporate Parenting Board note and comment on the performance for Social Care and the Children Looked After Health Team for 1<sup>st</sup> April 2009- 31<sup>st</sup> March 2010.

#### 1 BACKGROUND

- 1.1 The Health Assessment for Looked After Children is a statutory responsibility contained in both the Children Act 1989 and 2004, and also within Statutory Guidance on Promoting the Health and Well-being of Looked After Children.
- 1.2 The Statutory Guidance on Promoting the Health and Well-being of Looked After Children published November 2009, (Department for Children, Schools and Families and Department of Health) sets out the need for children in care to have a comprehensive health assessment on entering care, with at least a six monthly review. Specifically:
  - The first health assessment to be undertaken by a Paediatrician within 4 weeks of the child entering care.
  - A child in care has their care plan reviewed by an Independent Reviewing Officer (IRO) at least six monthly and the health care plan should be reviewed as part of their holistic care plan.
  - Children under the age of 5 years to have twice yearly health assessments and their developmental needs assessed.
  - The child's Social worker is responsible for ensuring the child or young person's health assessment is requested in a timely way to ensure fits within time scales.

In addition the Clinical Nurse Specialists provide a 'Named Nurse' service to children and young people who live in Residential Homes. Evidence shows that these children and young people are more susceptible to risk taking behaviours, sexual exploitation and not engaging in education or on-going training.

#### 1.3 Health Assessment

- The health assessment is a holistic health assessment that looks at the child's past and present health needs and give possible implications for the child's future health with the available evidence.
- The health assessment takes account of the child's physical health including their height, weight and blood pressure, their behavioural and development needs and their emotional health and well-being.
- It ensures the child is registered with a General Practitioner who supports the child's day-to-day routine health needs.
- It ensures the child is registered with a Dentist and records the date of last attendance at the dentist. The Nottinghamshire Children in Care and Adoption Team will observe the child's oral health as part of the health assessment including any details of extractions, fillings or Orthodontic work that is in progress and make appropriate referrals if necessary.
- The health assessment is an opportunity to check out the immunisations status
  of the child identifying any missing immunisations and ensuring that these are
  identified and actioned as part of the health care plan.

- The team act as a co-ordinator for involvement of other services that supports
  the health of that child in care, for example, if the child is seeing another
  Consultant Paediatrician how this impacts on their ongoing health and ensure
  that services are joined up to be child centred.
- The health assessment is age appropriate and identifies risk taking behaviours such as smoking, alcohol misuse, substance misuse and sexual health issues that may require the young person to be referred onto Specialist services.
- The health assessment is an opportunity to provide health promotion to children and young people in relation to healthy eating, exercise, relationships and sexual health, smoking and substance misuse.
- The health assessment is part of an on going process that builds upon the changing needs of the child/young person and ultimately helps children and young people to take more responsibility for their health needs as part of the child's/young persons overall pathway plan.
- 1.4 Performance of health measures for Looked after Children is reported through the annual statutory returns, providing the opportunity to benchmark local performance.
- 1.5 Performance on 30<sup>th</sup> September 2009 in the key areas was better than the England Average and Statistical Neighbours for immunisations, dental checks and annual health assessments completed in timescale.
- 1.6 Provisional data for 2009- 2010 indicates that there are improvements in development checks undertaken and immunisations given. Both the percentage of health assessments completed and dental checks made, continue to exceed the Statistical Neighbour (SN) reported September 2009 but are slightly below the England average
- 1.7 Fewer young people have recorded substance misuse, but this is a challenging indicator to track. The health unit report that many young people in consultations seem aware of substance misuse and talk about awareness gained through the DARE education programme delivered in local schools.

### 1.8 Challenges

Challenges remain for the health team in providing the same standard of service within statutory time frames for children in care placed out of Nottingham City area, unaccompanied asylum seekers, young people in detention or the youth justice system and those young people who refuse health services.

1 in 5 Children in Care have poor mental health, with even higher numbers quoted in some reports. Accessible and effective services are critical for young people who may feel isolated and have had experiences that have been troubling and upsetting. There are robust arrangements with CAMHS to provide effective interventions and appropriate consultations.

The dedicated nursing team provide health support and advice, to individuals and groups of children and young people in care, with specific awareness training around drug and alcohol misuse, sexual health services, teenage pregnancy and fatherhood, and independent access to health services.

### 1.9 Managing performance

To drive good performance, robust monitoring on a monthly basis of all health measures has been implemented. A single managerial lead works closely with the dedicated health unit.

The Local Authority, health partners, social workers, carers, families and young people are all key partners in managing and maintaining good performance

There is now a screening tool to identify the indicators of poor mental health in young people and a range of consultations to equip carers, residential and social workers in meeting the needs of young people. A range of therapeutic interventions are also available for young people in need of additional support.

### 1.10 Next steps

Work has commenced to address the issue of young people refusing medicals, to ensure all health plans have reviewed the health needs of all Looked After children.

To ensure that medical interventions and assessments make a difference to the longer term health of young people, work is underway to identify some key outcomes measures for Children in Care.

Opportunities for developments have arisen through the setting up of a designated clinic for the unaccompanied asylum seekers to deal with the specific and often urgent medical needs of this group of young people.

Development of a nursing position in the health team who would have health input to the leaving care/ 16+ team is seen as a priority to be worked on in the coming year.

# 2 <u>REASONS FOR RECOMMENDATIONS (INCLUDING OUTCOMES OF CONSULTATION)</u>

No recommendations

#### 3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

N/A

### 4 FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY)

Identifying and meeting the health needs of children in care will help this group of young people achieve better outcomes, identifying and responding to any concerning issues at an early stage.

# 5 <u>RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS, CRIME AND DISORDER ACT IMPLICATIONS AND EQUALITY AND DIVERSITY IMPLICATIONS)</u>

None identified

## 6 <u>LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE</u> DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

None

## 7 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

The Statutory Guidance on Promoting the Health and Well-being of Looked After Children published November 2009, (Department for Children, Schools and Families and Department of Health)